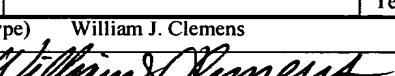


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<b>UTILITY</b> <b>PATENT APPLICATION</b> <b>TRANSMITTAL</b>		Attorney Docket No. <u>16525</u> First Inventor or Application Identifier <u>Christoph Liebtrau et al.</u> Title <u>Safety Device for Elevators</u> Express Mail Label No. <u>EV 329825740 US</u>	
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents		<b>MAIL STOP PATENT APPLICATION</b> <b>Commissioner for Patents</b> <b>ADDRESS TO:</b> <u>P. O. Box 1450</u> <u>Alexandria, VA 22313-1450</u>	
 <b>00746 U.S.P.T.O. 10/667874</b>			
<b>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</b>			
<b>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</b>			
<b>2. <input type="checkbox"/> Applicant claims small entity status. (See 37 CFR 1.27)</b>			
<b>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</b>			
<b>a. <input type="checkbox"/> Computer Readable Form (CRF)</b>			
<b>b. Specification Sequence Listing on:</b>			
<b>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</b>			
<b>ii. <input type="checkbox"/> Paper</b>			
<b>c. <input type="checkbox"/> Statement verifying identity of above copies</b>			
<b>ACCOMPANYING APPLICATION PARTS</b>			
<b>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; documents)</b>			
<b>10. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)</b>			
<b>11. <input type="checkbox"/> English Translation Document (if applicable).</b>			
<b>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</b>			
<b>13. <input type="checkbox"/> Preliminary Amendment</b>			
<b>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</b>			
<b>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</b>			
<b>16. <input type="checkbox"/> Request and Certificate under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach Form PTO/SB/35 or its equivalent</b>			
<b>17. <input type="checkbox"/> Other: _____</b>			
<b>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</b>			
<b>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:</b>			
<b><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior Application No. /</b>			
<b>Prior application information: Examiner _____ Group/Art Unit _____</b>			
<b>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</b>			
<b>19. CORRESPONDENCE ADDRESS</b>			
<b><input checked="" type="checkbox"/> Customer Number</b>		<b>or <input type="checkbox"/> Correspondence address below</b>	
<b>04859</b>			
<b>PATENT TRADEMARK OFFICE</b>			
<b>Name</b>		<u>William J. Clemens, Esq.</u>	
<b>Address</b>			
<b>City</b>		<b>Zip Code</b>	
<b>Country</b>		<b>Fax</b>	
<b>Name (print/type)</b>		<b>Registration No. (Attorney/Agent)</b>	
<u>William J. Clemens</u>		<u>26,855</u>	
<b>Signature</b>		<b>Date</b>	
		<u>September 22, 2003</u>	

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Terri L. Fox

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**FEE TRANSMITTAL**  
**For FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

<b>FEE TRANSMITTAL</b> <b>For FY 2003</b>				<b>Complete if known</b>	
				Application Number	
				Filing Date	
				First Named Inventor	Christoph Liebtrau et al.
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	
TOTAL AMOUNT OF PAYMENT		(\$ 750 )		Group/Art Unit	
				Attorney Docket No.	16525

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES					
<input checked="" type="checkbox"/> Deposit Account:				Large Fee Code	Entity Fee (\$)	Small Fee Code (\$)	Entity Fee (\$)	Fee Description	Fee Paid
Deposit Acct. No. 13-0005				1051	130	2051	65	Surcharge - late filing fee or oath	
Deposit Acct. Name MacMillan, Sobanski, & Todd, LLC				1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
The Commissioner is authorized to: (Check all that apply)				1053	130	1053	130	Non-English specification	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments				1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this action				1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
<input type="checkbox"/> Charge fee(s) indicated below, except the filing fee, to the above-identified deposit account.				1805	1,840*	1805	1,840*	Requesting a publication of SIR after Examiner action	
FEE CALCULATION									
1. BASIC FILING FEE									
Large Fee Code	Entity Fee (\$)	Small Fee Code (\$)	Entity Fee (\$)	Fee Description	Fee Paid				
1001	750	2001	375	Utility filing fee	750				
1002	330	2002	165	Design filing fee					
1003	510	2003	255	Plant filing fee					
1004	740	2004	370	Reissue filing fee					
1005	160	2005	80	Provisional filing fee					
SUBTOTAL (1)				\$ 750					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE									
Fee from									
Extra				Below	Fee Paid				
Total Claims	18	20** =	0	18/9 =					
Independent Claims	3	3*** =	0	x 84/42 =					
Multiple Dependent				x 280/140 =					
Large Fee Code	Entity Fee (\$)	Small Fee Code (\$)	Entity Fee (\$)	Fee Description	Fee Paid				
1202	18	2202	9	Claims in excess of 20					
1201	84	2201	42	Independent claims in excess of 3					
1203	280	2203	140	Multiple dependent claim, if not paid					
1204	84	2204	42	**Reissue independent claims over original patent					
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2)				\$ 0					
** or number previously paid, if greater; for Reissues, see above									
Other fee (specify)									
*Reduced by Basic Filing Fee Paid							SUBTOTAL (3) \$ 0		

SUBMITTED BY				Complete (if applicable)		
Typed or Printed Name	William J. Clemens				Reg. No.	26,855
Signature					Date Sept. 22, 2003	Deposit Account User ID

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